Tuolumne County Emergency Medical Services Agency EMS System Policies and Procedures

Policy: Level IV Trauma Center Standards #534.40

Creation Date: <u>05-05-2004</u>

Medical Director: Revision Date: 11-28-2018

EMS Coordinator: Review Date: 11-2023

I. AUTHORITY

Division 2.5, California Health and Safety Code, Section 1797.220. Division 9, Title 22, California Code of Regulations, 100264 & 100265.

II. <u>DEFINITIONS</u>

- A. Adult patient means a patient age 15 years or older.
- B. Immediately available or Immediately means:
 - 1. Unencumbered by conflicting duties or responsibilities;
 - 2. Responding without delay when notified; and
 - 3. Being physical available to the specified area of the trauma center when the patient is delivered in accordance with Tuolumne County EMS Agency Policy.
- C. On-call means agreeing to be available to respond to the trauma center in order to provide a defined service.
- D. Pediatric patient means a patient age newborn through 14 years.
- E. Promptly available or Promptly@ means:
 - 1. Responding without delay when notified and requested to respond to the hospital; and
 - 2. Being physically available to the specified area of the trauma center within a period of time that is medically prudent.
- F. Qualified Specialist or Qualified Surgical Specialist or Qualified Non-Surgical Specialist means a physician licensed in California who is board certified or eligible for board certification in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.
 - 1. A non-board certified physician may be recognized as a Aqualified specialist@ by the Tuolumne County EMS Agency if:

- a. The physician can demonstrate to the appropriate hospital body and the hospital is able to document that he/she has met requirements which are equivalent to those of the Accreditation Council of graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada;
- b. The physician can clearly demonstrate to the appropriate hospital body that he/she has substantial education, training and experience in treating and managing trauma patients which shall be tracked by the trauma quality improvement program; and
- c. The physician successfully completed a residency program.
- G. Trauma patient means a patient who is identified by Tuolumne County EMS Agency Policy as needing to be managed by the trauma care system.
- H. Trauma resuscitation area means a designated area within a trauma center where trauma patients are evaluated upon arrival.

III. PURPOSE

The purpose of this policy is to establish the standards for Level IV Trauma Center designation by the Tuolumne County EMS Agency.

IV. POLICY

A Level IV trauma center is a licensed hospital which has been designated as a Level IV trauma center by the Tuolumne County EMS Agency. A Level IV trauma center shall include equipment and resources necessary for the initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma. The Level IV trauma center designation process is open to all interested and eligible hospitals in Tuolumne County.

A. General Requirements:

- 1. The Hospital shall be licensed by the State Department of Health Services as a general acute care hospital.
- The Hospital shall have a special permit for Basic or Comprehensive Emergency Medical Services pursuant to Division 5, Title 22 of the California Code of Regulations.
- 3. The Hospital shall have and maintain accreditation by the Joint Commission on Accreditation of Health Care Organizations.

- 4. The Hospital shall agree to periodic evaluations by the Tuolumne County EMS Agency. The Hospital shall agree to pay all reasonable costs directly associated with periodic evaluations.
- 5. The Hospital shall participate in Tuolumne County EMS system planning and quality improvement activities.
- B. Clinical and Operational Requirements: the Hospital shall have and maintain:
 - 1. The capability of providing prompt assessment, resuscitation and stabilization of trauma patients.
 - 2. The ability to provide treatment or arrange for transportation to a higher level trauma center as appropriate.
 - A trauma service which can provide for the implementation of the requirements and standards established herein and provide for trauma system coordination with the Tuolumne County EMS Agency.
 - 4. An emergency department, division, service or section staffed so that trauma patients are assured of immediate and appropriate initial care.
 - 5. A multi-disciplinary trauma team which shall be responsible for the initial resuscitation and management of trauma patients.
 - 6. Radiological service with one (1) licensed radiological technologist promptly available at all times.
 - 7. Clinical laboratory service that at a minimum has:
 - a. A comprehensive blood bank or access to a community central blood bank;
 - b. Clinical laboratory service promptly available.
- C. Hospital shall have written transfer agreements with Level I and Level II Trauma Centers and Level I and II Pediatric Trauma Centers providing for the immediate transfer of patients requiring additional resources or a higher level of care.
- D. Administrative Requirements:
 - 1. The trauma service established by the Hospital shall be organized and directed by a trauma program medical director who is a qualified surgical specialist whose responsibilities include but are

not limited to, factors that affect all aspects of trauma care, including pediatric trauma care, such as:

- a. Recommending trauma team privileges;
- b. Working with nursing administration to support the nursing needs of trauma patients;
- c. Developing trauma treatment protocols;
- d. Having the authority and accountability for the quality improvement peer review process;
- e. Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program and;
- f. Assisting in the coordination of budgetary process for the trauma program.
- 2. The Hospital shall provide for the ongoing coordination of the trauma program by a trauma nurse coordinator/manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of adult and pediatric trauma patients, administrative ability, and responsibilities that include, but are not limited to:
 - a. Organizing services and systems necessary for the multi disciplinary approach to the care of the injured patient;
 - Coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary personnel;
 - c. Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative, outreach and quality improvement activities of the trauma program;
 - d. Supervision of the trauma registry.
- 3. The trauma program medical director in cooperation with the Tuolumne County EMS Agency shall develop policies regarding the type and number of trauma team members, levels of trauma team activation and trauma team membership requirements.
- E. Quality Improvement: Hospital shall have a trauma service quality improvement program to include structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes and take steps to correct the process. In addition the program shall include:
 - 1. A detailed audit of all trauma related deaths, major complications, patient transfers and all in-house ICU pediatric admissions;
 - 2. A multi disciplinary trauma peer review committee that includes all members of the trauma team;

- 3. Participation in the Tuolumne County EMS Agency trauma evaluation committee;
- 4. A written policy establishing a system for patients, parents/legal guardians of minor children who are patients and immediate family members to provide input and feedback to hospital staff regarding the care provided to the patient.
- F. Outreach: The Hospital shall have an outreach program to include:
 - 1. The capability to provide both telephone and on-site consultations with physicians in the community; and
 - 2. Trauma prevention for the general public.
- G. Continuing Education: The Hospital shall provide continuing education in trauma care for:
 - 1. Staff physicians;
 - 2. Staff nurses;
 - 3. Staff allied health personnel;
 - 4. EMS personnel; and
 - 5. Other community physicians and health personnel.